## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| REINSTATEMENT  |                                      |     |        |             | DEPARTMENT OF STATE Secretary of State rision of corporations |     |         |  | 09 NOV -2 AM II: 30  ALLAHASSEE, FLORIDA                          |        |  |
|--|--------------------------------------|-----|--------|-------------|---|-----|---------|--|---|--------|--|
| DOCUMENT # N9400004884  1. Corporation Name  Clearwater Fast Pitch Softball Group, Inc   |                                      |     |        |             |   |     |         |  | 400162404064<br>11/02/0901045016 **306.25                         |        |  |
| 2. Principal Office Address - No P.O. Box # 3. Mailing O   |                                      |     |        |             | Office Address  |     |         |  | MEN   | Т      |  |
| 374 WOOD Dove Ave P.O  |                                      |     |        |             | ). Box 6153   |     |         | KEL  | NS JoRZEOB1 HIZ/OB) EN  |        |  |
| Suite, Apt. #, etc. Suite, A   |                                      |     |        |             | #, etc.   |     |         | 4. Hadroser  | porated or Qualified , ,  |        |  |
| City & State City &  |                                      |     |        |             | ty & State  |     |         | 1 4  | Wild Ancerporated or Qualified TWD Business in Florida 09/30/1994 |        |  |
| TARPON SPRINGS FI  |                                      |     |        | CLEAR       | Clearwater F1.  |     |         | 5 FENdumber         Applied For           5 9 - 3 2 7 1 6 3         Not Applicable   |   |        |  |
| Zip  | p Country                            |     |        | Zip Country |   |     | ,       | 6. SB.75 Additional Fee required   |   |        |  |
| 346  | 7. Name and Address of Curren        |     |        |             |   |     |         | CENTIFICATI  | for a Certificate of S  | Status |  |
| Name FRANK LOPEZ  Street Address (P.O. Box Number is Not Acceptable) 374 WOOD DOVE AVE  Suite, Apt. #, Etc.  City TARPON SPRINGS   |                                      |     |        |             | State Zip Code FL 3 468 9                                     |     |         | ☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. |   |        |  |
| 8. I, being appointed the registered agent of the above famed corporation, am familia) with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN   |                                      |     |        |             |   |     |         |  |   |        |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprefit comporations must list at least   |                                      |     |        |             |   |     |         |  |   |        |  |
| Titles   | Name of<br>Officers and/or Directors |     |        |             | Street Address of Each<br>Officer and/or Director             |     |         |  | City / State / Zip  |        |  |
| PD   | FRANK LOPEZ                          |     |        |             | 374 WOOD DOVE AVE   |     |         | e ave  | TARPON SPRINGS, FI  | 34689  |  |
| VD   | MIKAEL C. PILVER                     |     |        |             | 6853 Circle Creek Dr.   |     |         | ek De.   | PINEllas Park, F1 33'   | 782    |  |
| TD   | JOANN MARTIN.                        |     |        |             | 6634 WOODLAND Blud.   |     |         | Blwd.  | PINEILAS PARK, FI 3378  | 3/     |  |
| SD   | LAURA BANDINI                        |     |        |             | 4037 JIB SAIL COURT   |     |         | COURT  | New PORT Richey, Fl 346   | ,52    |  |
| D  | DIANE HENDERSON                      |     |        |             | 535 PALMDALE DR.  |     |         | DR.  | Oldsmar, F1 3467  | 7      |  |
| D  | JOD                                  | i : | Rivera |             | 208   | 63a | D Ave S | S <u>.                                    </u>   | StPetersburg, F1 337  | 05     |  |
| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals ilsted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my-signature shall have the same legal effect as if made under oath. |                                      |     |        |             |   |     |         |  |   |        |  |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR Date Daytime Phone #   |                                      |     |        |             |   |     |         |  |   |        |  |

JOSEPH GIAMBALVO
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Email: LawJoeG@aol.com

October 28, 2009

Dept of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

> RE: Corporate Reinstatement Clearwater Fast Pitch Softball Group, Inc

Doc # N94000004884

Dear Sirs:

The undersigned represents Clearwater Fast Pitch Softball Group, Inc.

Enclosed please find an application for reinstatement and a check in the amount of \$306.25 representing the fee for reinstatement, 2008 & 2009 annual report fees and a request for certificate of status:

If the documents are in order I would ask that the corporation be reinstated to active status and that the certificate of status be sent to my office.

If further information is needed please contact my office.

Very truly yours,

JOSEPH GIAMBALVO

JG/pmm Encl.